

15/5/2010

INS. CASE OWNER:

CC 3 /AIG1702 3840, R2y6b

LKK:

IDAC:

Surveyor:

Rashid

DOI:

13/12/14

Date / Time:

13/12/14

Registered in Merimen:

15/12/14

Pre-assign / CCU / FTE

SJZ 7141A

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

HP:

Excess Sec II :S\$

D.O.A.:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SHL 4928H

INSRS:

WSP:

Tel:

Liability:

RMKS:

SMRT

INSRS:

WSP:

Tel:

Liability:

RMKS:

INSRS:

WSP:

Tel:

Liability:

RMKS:

INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time

SHL 4928H - 14 (AKA1600112/A2y6b) on 29/1/10
SJZ 7141A - 8

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation to Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice:

LTA / GIA:

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE Date/Time:

Sent By:

Confirm by:

Email ☐ Call ☐Email ☐ Call ☐

If NO or B 28, Ass. Lia:

1) Claim status: Normal/Reject/Private Settle
2) Report Format:
3) Survey fee:

(e.g. Tow/ Independent)

Global Sum S\$:

Email ☐ Call ☐Email ☐ Call ☐

Name 1:

Name 2:

Name 3:

Payee 1:

Payee 2: (Strike if N.A.)

Payee 3: (Strike if N.A.)

S\$

S\$

S\$

S\$

From

SHE 4528H

2014 SEP

Estimated Cost
TO TRWS TRRES CO RES EVA INV V

TOYOTA PRIUS
MARON
391544

1798

JTOKN 36UX05748277

195/65R15

Fruken

SMRT

FRT o/s

12/17/2064

414

STZ7141A



BSI DUNYKNOVA GH PS LIZA MID ICHTSU PR SUM
TOYO/YOKO

Right	Left
FRS 5	FRS 5
URS 5	URS 5
DOA 11/12/17	DOA 13/12/17
Bumper	SMRT

Des of Damages: FR Rear C/S N/S U/C Roof/hood
FRT o/s

The U/C Chassis frame Body Structure affected due to RCT

Policy Condition

Remark: The veh had commenced its repair at the time of inspection

Est. of Market Value

Est. of Accident Repair Consistent? Yes or No
Est. of Rep. Consistent? Yes or No
Est. Repair days Rep Yes or No
Est. Rep days Rep Yes or No

CA / REV / REP / 24 HRS

Vehicle IN / OUT

Date Person Contacted

Date Time Action Instruction

One-Time Report ☐ Prel. Report
Final Report ☐

Days Of Repair

Resurvey No. of This

Add Fee:

	Estimated	\$
	Actual	\$
	Other	\$
	Total	\$

